

# Narcotics

Narcotics incidents include all incidents in which the police completed an arrest, complaint, or warrant for the possession, manufacture, distribution, or trafficking of illegal narcotics. Narcotics statistics do not include all instances of narcotics use or distribution; they only reflect those cases that are known to the police.

The Cambridge Police Department's Special Investigations Unit initiates investigations involving drug and vice activity within the city of Cambridge. They have adopted strategic planning methods to help alleviate the pressures bestowed upon society by the culture of drug abuse and addiction. The goal of the unit is to target street level dealers to get to suppliers, and to fight the problem at its root level: in the street, where the public is most exposed and affected.

When evaluating statistics for drug arrests, it is important to keep in mind that the numbers reflect only incidents that result in an arrest or complaint, and do not include all incidents of drug use in a particular area. It is relatively impossible to discern how many times an individual uses or possesses narcotics during any given time period. The Cambridge Police Department can only report incidents that are known to the police—incidents in which a Cambridge police officer makes an arrest. Therefore, an increase in the number of drug arrests in a particular area should not necessarily be viewed negatively.

Drug arrests decreased 26% in Cambridge in 2000 with 55 fewer incidents recorded. The majority of this decline can be attributed to the statistic that there were 45% fewer arrests in the Central Square neighborhoods (#4,5,6 and 7). Street level dealers in these areas were struck a severe blow in 1999 when the Special Investigations Unit in response to community complaints targeted them.

The age breakdown for arrestees involved in drug incidents in Cambridge in 2000 was: 50% between 20 to 30 years old ; 19% between 40 to fifty years of age ; 15% between 18 to 20 years of age; 3% over fifty years old; ; and 2% under 18 years of age.

## Categorical Breakdown of Narcotics Incidents

Narcotic	Possession	Possession w/ Distribute	Sale/Trafficking
Heroin	12	4	2
Crack Cocaine	16	6	7
Cocaine	6	4	4
Marijuana	62	10	3
Hallucinogens	0	0	0
Prescription Drugs	6	4	1
Hypo. Needle	3	0	0
Forged Prescription	3	0	0

Cocaine—both crack and the powdered variety—is the most commonly sold drug in Cambridge, if arrests are any indication. For simple possession, however, marijuana leads the list with cocaine following in a distant second. Among the designer and prescriptions drugs being illegally used in Cambridge are Ketamine, Methadone, Morphine, Valium, Percoset, and Zoloft.

## Geographic Breakdown of Narcotics Incidents

Neighborhood	1998	1999	2000	Change 99-00
East Cambridge	17	10	13	+30%
MIT	2	7	6	-14%
Inman/Harrington	9	7	12	+71%
Area 4	37	74	27	-63%
Cambridgeport	21	41	25	-39%
Mid-Cambridge	14	19	20	+5%
Riverside	26	17	11	-35%
Agassiz	0	2	1	Incalc.
Peabody	11	9	10	+5%
West Cambridge	7	6	10	+66%
North Cambridge	12	14	11	-21%
Camb. Highlands	4	1	3	Incalc
Strawberry Hill	0	0	2	None

## Top Drug Arrest Hot Spots in 1999

1. **Massachusetts Avenue in Central Square—South Side (Cambridgeport):** 10 incidents
2. **Massachusetts Avenue in Central Square—North Side (Area 4):** 8 incidents
3. **Pine Street (Area 4):** 8 incidents
4. **Columbia Street between Mass. Ave. & Harvard St. (Area 4):** 8 incidents
5. **Columbia Park (Area 4):** 6 incidents
6. **Bishop Allen Drive (Area 4):** 5 incidents
7. **Albany Street (Cambridgeport):** 5 incidents
8. **YMCA, 820 Mass. Ave. (Riverside):** 4 incidents
9. **Cambridge Common (Peabody):** 4 incidents

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# Know Your Narcotics

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from <http://www.drugfreeamerica.com>

## Heroin

**AKA:** dope, smack, horse, Jude, brown sugar, junk, black tar, moo juice

Heroin is highly addictive drug derived from morphine, which is obtained from the opium poppy. It is a "downer" that affects the brain's pleasure systems and interferes with the ability to feel pain. Heroin can be used in many ways, depending on user preference and drug purity. Heroin is fast-acting, especially when injected or smoked. Injected heroin reaches the brain in 15 to 30 seconds; smoked heroin in 7 seconds. The high from heroin is experienced as intense pleasure. Once a person begins using heroin, they quickly develop a tolerance to the drug and need more and more to get the same effects.

Epidemiologists agree that heroin is the most under-reported drug in terms of usage and that any usage statistics are unreliable. Estimates range from 428,000 past-year users (National Household Survey, 1995) to 600,000 past week heroin users (Office of National Drug Control Policy). On the other hand, some experts estimate that as many as 2 to 3 million people in the United States use heroin recreationally. In 1980 the average bag of street heroin was 4% pure; the average bag today is 40% pure and can be as pure as 70%. Increased purity results in snorting and smoking rather than injecting. Sellers cut heroin for injectors and for inhalers differently.

## Cocaine & Crack Cocaine

**AKA:** coke, snow, nose candy, flake, blow, big C, lady white, snowbirds, Scarface special, (**crack only**) rock, freebase, Manhattan marble

Cocaine is a drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs. Cocaine is distributed on the street in two main forms: cocaine hydrochloride is a white crystalline powder that can be snorted or dissolved in water and injected; and "crack" is cocaine hydrochloride that has been processed with ammonia or sodium bicarbonate (baking soda) and water into a freebase cocaine. These chips, chunks, or rocks can be smoked.

Cocaine may be used occasionally, daily, or in a variety of compulsive, repeated-use "binges." Regardless of how it is used, cocaine is highly addictive. Crack cocaine and injected cocaine reach the brain quickly and bring an intense and immediate high. Snorted cocaine produces a high more slowly.

Cocaine can produce a surge in energy, a feeling of intense pleasure, and increased confidence. The effects of powder cocaine last about 20 minutes, while the effects of "crack" last about 12 minutes. Heavy use of cocaine may produce hallucinations, paranoia, aggression, insomnia, and depression. Cocaine's effects are short lived, and once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue; and long term effects include heart problems, respiratory problems, sleep and appetite problems, and harm to developing children if used by a pregnant woman.

The number of regular cocaine users has declined by 75% since 1986. In 1995, according to the National Household Survey on Drug Abuse, an estimated 1.45 million Americans were current cocaine users; that is, they had used cocaine at least once in the past month. Of that number, an estimated one-half million were current crack users. As in the past, the rate of current cocaine use was highest among young adults. In 1995, approximately 54% of current cocaine users were aged between 18 and 34.

## Designer Drugs

Designer drugs are a class of drugs often associated with "raves," all-night underground dance parties frequented by teens and college students. Designer drugs are modifications of restricted drugs, made by underground chemists in order to create street drugs that are not specifically listed as controlled (i.e., restricted) substances by the Drug Enforcement Administration. A designer drug is created by changing the molecular structure of an existing drug or drugs to create a new substance, like Ecstasy. The street names of designer drugs vary according to time, place, and manufacturer. Because designer drugs are created in clandestine laboratories by unlicensed and untrained amateurs, they can be extremely dangerous. In many cases, the designer drugs are more dangerous and more potent than the original drug.

The pharmaceutical drug, fentanyl, was originally created for anesthesia during surgeries. Designer drugs derived from fentanyl are extremely potent and have a strong potential for overdose. They have been associated with hundreds of unintentional deaths in the United States. They are also short lived, about 30 to 90 minutes. Increasingly the drug is sniffed or smoked, in part to avoid getting HIV via infected needles. The respiratory paralysis that may occur is so sudden after drug administration that often victims who injected the drug are found with the needle still in their arm.